

OPS Tidbits is a monthly publication of the Arizona Department of Health Services, Office of Program Support
150 North 18th Avenue, Suite 280, Phoenix, Arizona 85007
<http://www.azdhs.gov/bhs/tidbits>

OPS Mailbox

Contractors must send in all inquiries to OPS' email box at ops@azdhs.gov. However, it is not necessary to **copy** others when submitting questions to this mailbox. The OPS mailbox will forward the email to the appropriate OPS Representative(s).

Please make a note that Contractors should not contact the OPS Representatives directly, any and all requests should be sent to ops@azdhs.gov and **copy** only your internal staff. In turn, the request/email will be forwarded on to the appropriate individual(s).

Contractors' Deliverables

Del/Dup Files. All on-line corrections and void transactions must be completed in the CIS system by noon on February 2, 2009. It is important that OPS is notified, via OPS mailbox, when the file is placed on the FTP Server.

Encounter Reconciliation Log (formerly Override/Deletion Log). The second quarter FY09 Encounter Reconciliation Log is currently under review. Results for the files submitted will be distributed as completed. It is important that OPS is notified, via OPS mailbox, when the Log is placed on the FTP Server.

Check Register Review 2nd Qtr FY09. The second quarter FY09 Check Register Review is currently under preliminary reviews. Preliminary results will be distributed as they are completed. Contractors must be reminded that screen prints from their system will no longer be accepted for omissions.

Intakes without Encounters. Contractors must ensure that they are cleaning up the intakes without encounters; the numbers are rising. This report is located on the RBHA FTP folder every Monday.

Claims Dashboard. Please submit to ops@azdhs.gov. This deliverable is a *quarterly* report for RBHAs due on the 30th of the month following the quarter end and a *monthly* report for CRS Site due by the 10th of each month.

If an extension is required, a request must be submitted to ops@azdhs.gov prior to the due date.

Coding Q & A



Would it be appropriate for a provider to bill group services while transporting clients in a van?



According to the Arizona Administrative Code, "group" is defined as, "*The therapeutic interaction between more than one client and a behavioral health professional or technician intended to improve, eliminate, or manage one or more of the clients' behavioral health issues.*" This therapeutic interaction takes place in a safe, confidential, and appropriate environment. ADHS/DBHS does not consider it appropriate to bill for group counseling done in a van while driving around in a large area picking up participants.



Can a RBHA provide Peer Support Training and how would this service be encountered?



Peer support training is training an individual how to do a specific job, in the same way as culinary school or auto mechanic training. These are not Title XIX covered services and cannot be encountered/billed. The RBHA could, however, use Title XIX funds to offer classes on recovery, communication, and soft skills of the workforce (e.g. arriving to work on time, time management, professionalism, understanding authority levels, communication in the work place, etc.)



Can procedure code H0031 (Mental Health Assessment by Non-Physician) be used to bill for updating the service/treatment plan and CASII?

Procedure Code H0031 (Mental Health Assessment by Non-Physician) can only be used to bill for services identified in the Covered Services Guide and must result in a written summary. For a complete description of H0031, see page 39 of the Covered Services Guide at the following link: <http://www.azdhs.gov/bhs/covserv.htm>.

If a case manager meets with a parent to begin an assessment prior to first meeting with the child, is this a billable service?

According to clinical advice, the service may be billed as long as the child has been enrolled in the behavioral health system and the service is contracted by the RBHA.

Who can bill for a H0002 (Behavioral Health Screening to Determine Eligibility for Admission)?

The following are the provider types that can bill H0002: RBHA (72); Out-of-state, One Time Fee For Service Provider (73); Behavioral Health Outpatient Clinic (77); Licensed Clinical Social Worker (85); Licensed Marriage/Family Therapist (86); Licensed Professional Counselor (87); Licensed Independent Substance Abuse Counselor (A4); and Rural Substance Abuse Transitional Agency (A6).

Can a case manager, who is with a client, engaged in a telemedicine appointment with a doctor and client, bill case management?

Yes. The case manager would be able to bill case management. The documentation should support how the case manager participated in the discussion between client and the physician during the telemedicine appointment.

Can a case manager bill for time spent waiting at the court house?

No. The case manager cannot bill for time spent waiting. Case management is a supportive service provided to enhance treatment goals and effectiveness. While waiting time may occur as a result of providing support to a client, this is not actually providing a supportive service. However, the case manager could provide any of the following case management services while waiting which would result in a billable service:

- Assistance in finding necessary resources other than covered services to meet basic needs.
- Communication with the person's family, behavioral and general medical and dental health care providers, community resources, and other involved supports including educational, social, judicial, community and other State agencies.
- Coordination of care activities related to continuity of care between levels of care (e.g., inpatient to outpatient care) and across multiple services (e.g., personal assistant, nursing services and family counseling).

If a doctor is bi-lingual and conducts a med management appointment in Spanish, can the doctor bill T1013 (Sign Language or Oral Interpretive Services; per 15 minutes)?

No. This provider type is not eligible to bill for the translation service procedure code T1013. Page 102 of the Covered Services Guide states, "*Sign language or oral interpretive services provided to persons and/or their families with limited English proficiency or other communication barriers (e.g. sight or sound) during counseling or other treatment activities that will allow the person to obtain maximum benefit from the services. Billing provider types are:*

- RBHA (72)
- Out-of-state, One Time Fee For Service Provider (73)
- Behavioral Health Outpatient Clinic (77)
- Community Service Agency (A3)
- Rural Substance Abuse Transitional Agency (A6)
- Other (S2)
- Tribal Traditional Service Practitioner (S3)."

OPS Pend Corner

Certain Z305 Pend Overrides Performed by OPS

According to the instructions of Edit Alert 103 (distributed 12/3/07), OPS continues to perform monthly overrides of RBHA encounters, pending at AHCCCS for Z305 (Date of Service Overlap), when procedure codes related to case management and transportation have been billed. Please see Edit Alert 103 for additional details.

On a monthly basis, OPS identifies the case management and transportation Z305 pended encounters to be marked for override and provides an Excel file to ADHS ITS. ITS uses this file to mark the AHCCCS pends with an "A" (Approve/Override Duplicate) action code in the file that will be submitted to AHCCCS for batch processing.

Detail files listing all Z305 records that have been marked for override are also provided to the RBHAs on a monthly basis. OPS places detail files on the Sherman Server, in respective OPS FTP folders, and provides an emailed notification to all RBHAs of their availability when the overrides have been completed in the CIS system. Filenames are formatted as follows: "yymmdd_Z305-xx" ('xx' = RBHA ID).

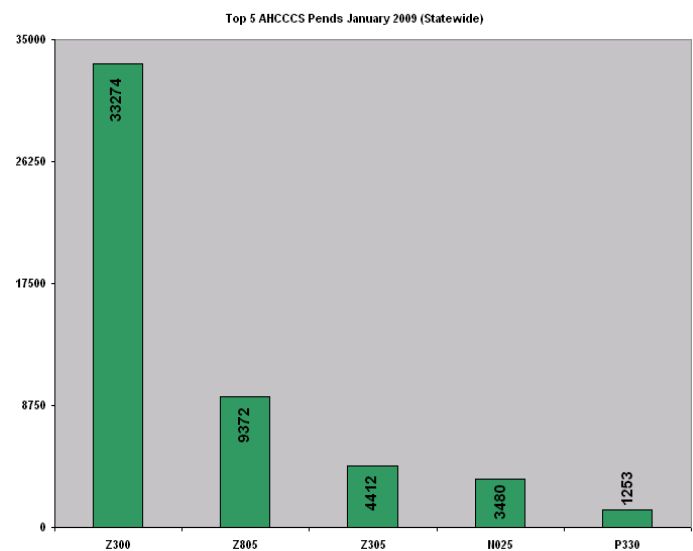
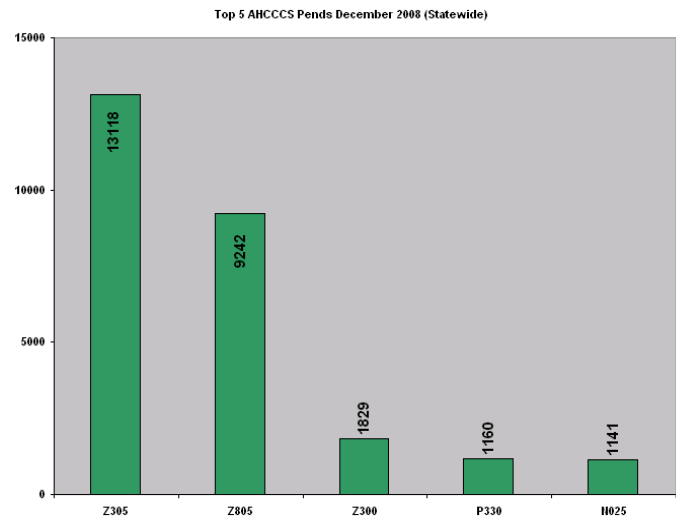
All other encounters pending for Z305, which are not for case management or transportation services, must be researched by the RBHAs and resolved via the monthly deldup file process.

Z645 Pends

According to an AHCCCS communication e-mail dated 12/18/2008, Edit Z645 (Near Dup Found-Provider Not Matched, Dates Overlap, Different Plans) has been placed on the batch override table for the health plans to override.

Z575 Pends

OPS has received notification from AHCCCS that beginning with the December Encounter Cycle, Z575 pends can be submitted for override via "Batch Mode" (DELDUP file) with the A001 override indicator. An accompanying spreadsheet will still be required for the encounters to be considered for override.



1. Z300 (Exact Duplicate: CMS) – Access PMMIS screen EC270C to identify the encounter that the pended encounter is duping against. Verify that the Provider, member ID, DOS, Procedure Code and Modifier are an exact duplicate to the CRN found in PMMIS. If the encounter has been submitted twice void the pended encounter.
2. Z805 (Exact Dup from Diff HPs: NCPDP) – OPS is advising the RBHAs to contact the other Health Plans that their encounter is pending against; to work out these pend errors.
3. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.

4. N025 (Drug Not Available on DOS) – Access PMMIS screen RF319 and enter the NDC Code to identify if it is valid at AHCCCS. If the NDC code is unavailable for the dates of service on the encounter, the RBHA should void the encounter.
5. P330 (Provider Not Eligible for Category of Service on Service Date) – Access PMMIS screen PR035 and enter the provider's six digit AHCCCS Provider ID to identify if the provider is eligible for the Category of Service in question. If not, the RBHA may either void the encounter or have the provider contact AHCCCS Provider Registration if it is believed that the provider should be eligible.

It is OPS' hope that this information can be used in the ongoing effort to correct AHCCCS pendents. Please contact OPS at OPS@azdhs.gov, if further clarification is necessary.

Rates Removed From B2 Appendix

Effective with the January 2009 Covered Services Guide update, all rates that are not set by the Division of Behavioral Health Services have been removed from the B2 Appendix. These Fee For Service Rates are changed frequently by AHCCCS making the information in the B2 Appendix frequently out dated. RBHAs and Providers interested in knowing the current Fee For Service Rates can find the information on the AHCCCS web site at the following link:
<http://www.ahcccs.state.az.us/RatesCodes/Default.aspx>

B2 Appendix Changes

The following changes have been made to the B2 Appendix:

- Procedure Code 90772 was deleted by CMS and is no longer billable effective December 31, 2008.
- Procedure Code 96372 has been added to replace procedure code 90772 with an effective begin date of January 1, 2009.

ADHS/DBHS Allotment Code Matrix

procedures identified on this matrix are allowable ADHS Cs, Providers should verify coverage with their respective RB

										Provider Type															
Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date		Physician	Psychologist	Certified Registered Nurse	Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level I Psych. Hospital	TRBHA/RBHA	Out of State Time Provider	* Represents rates set by AHCCCS. Providers should contact RBHA for specific contracted rates. TRBHA providers may view rates on the AHCCCS Web site. www.ahcccs.state.az.us/RatesCodes			
																						DBH S Units	Max Units	Non Facility Rate	Facility Rate
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	01		11, 20	000/999		09/09/06	12/31/08	X			X	X	X		X					X	9		*	*
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	01		11, 20	000/999		09/09/09		X			X	X	X		X					X	3		*	*

* Represents rates set by AHCCCS. Providers should contact RBHA for specific contracted rates. TRBHA providers may view rates on the AHCCCS Web site. www.ahcccs.state.az.us/RatesCodes

- Procedure Code 90882 will no longer be a billable or valid encounter code effective 2/28/09, according to a communication from AHCCCS.

ADHS/DBHS Allotment Code Matrix

procedures identified on this matrix are allowable ADHS Cs, Providers should verify coverage with their respective RB

										Provider Type															
Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date		Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level I Psych. Hospital	TRBHA/RBHA	Out of State Time Provider	Current Rate				
																					DBH S Units	Max Units	Non Facility Rate	Facility Rate	
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	47		04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72	000/999		10/01/03	02/28/09	X	X		X	X		X					X	1		*	*	

* Represents rates set by AHCCCS. Providers should contact RBHA for specific contracted rates. TRBHA providers may view rates on the AHCCCS Web site. www.ahcccs.state.az.us/RatesCodes

Changes to AHCCCS Encounter Processing

AHCCCS has planned several encounter processing changes to take place in March 2009. The following are details of those changes:

Zero Billed Charge

Currently, the UB and Dental claims submitted with a billed charge of zero for a procedure code that does not have current rate on the fee schedule will fail edit A950. This edit failure occurs because PMMIS cannot calculate 65% of a billed charge if billed charges are zero.

UB and Dental claims submitted after the promote in March will no longer fail A950, but rather the encounter will value at zero.

Error Code Summary

Currently the only form types reported on EC9AD949 EC CCL (Summary by Error Code) are UB, 1500 and C (pharmacy). In March, AHCCCS will add form type D (dental).

Billing Provider

Provider type 01 is a "Billing Provider" and cannot be submitted as a service/rendering provider on encounters. Currently, encounters submitted by plans with a provider type 01 provider as the service/rendering provider are failing edit P330 (provider not eligible for category of service on service date), this information is misleading. Scheduled for the March promote, a new edit will be created that will separate this type of error from the true P330 failures allowing these errors to be easily and timely identified and addressed by the plans. The new edit will specifically identify that the service/rendering provider submitted is a provider type 01 and, therefore, not allowed.

Search Criteria Modification

Currently, screens EC250, EC510 and EC520 are not pulling up all denied encounters when the denied search field is selected. As a result, the search will produce inaccurate counts of the number of encounters denied for a specified provider or recipient. PMMIS will be modified to include encounters in the status/location 43/78 when searching for denied encounters.

Inter-T/RBHA Transfers

The ADHS/DBHS Provider Manual, 3.17.7-D states that, *"The home T/RBHA or its contracted providers must initiate a referral for an Inter-T/RBHA transfer within the following timeframes:*

- *At least 30 days prior to the date on which the person will move to the new area; or*
- *If the planned move is in less than 30 days, immediately upon learning of the person's intent to move."*

Timeframes for Completion of Transfers

The ADHS/DBHS Provider Manual, 3.17.7-D continues to state that, *"When an Inter-T/RBHA transfer occurs, the person must be disenrolled from the home T/RBHA and enrolled in the receiving T/RBHA contingent upon the date the person expects to relocate to the receiving T/RBHA's geographic service area, but no later than 30 days of the referral by the home T/RBHA (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#)). This timeframe allows sufficient time for the receiving T/RBHA to arrange for services and plan the person's transition."*

Adherence to these timeframes will help ensure continuous care for the client. They will also allow the transfers to be made electronically in the CIS system without special handling by ADHS/DBHS and ensure there is no loss of AHCCCS behavioral health eligibility segments due to late submission.

State Roster

The ADHS Administrative Counsel's Office determined that HIPAA does not authorize disclosure of the State Roster to providers. While a provider could argue that access is related to treatment/payment for a specific member, the vast majority of Protected Health Information (PHI) that is being disclosed belongs to clients who will never see the provider accessing the State Roster information. Because access allows disclosure of the PHI of the other eligible members, the provider would have to obtain authorization from all of the eligible members before the information can be disclosed. For these reasons, the disclosure of the State Roster information to RBHA providers is a HIPAA violation. It is ADHS/DBHS' position that the RBHAs cannot provide the State Roster to their providers.



ADHS Encourages Electronic Claims

ADHS requests all ADHS contractors to encourage their providers to submit HIPAA-compliant 837 electronic claims. The benefits of electronic claim submissions include faster claims processing, and more cost efficiency than manual data entry.



Security IDs for All DBHS Secure Systems

Any person needing access to the PMMIS system must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any "sharing" of user names and/or passwords. Currently, there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Compliance Division, Contracts Development Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4762.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4670 or by e-mail at Stacy.Mobbs@azdhs.gov.



Office of Program Integrity

If you need assistance or to report an incident of suspected fraud, waste and/or abuse, please contact us at:

Tim Stanley	Chief	(602) 364-4781 stanleti@azdhs.gov
Bobby Rivera	Manager	(602) 364-4702 riveraro@azdhs.gov
Sandra Reyes	Investigative Analyst	(602) 364-4426 reyess@azdhs.gov
Stephanie Ortiz	Admin	(602) 364-4437 ortizs@azdhs.gov

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at (602) 364-3758 (locally) or 1-866-569-4927 (toll free).

If you prefer, you may write to:

Mr. Tim Stanley
Chief, Bureau of Audit Standards
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007

Or email us at:

ReportFraud@azdhs.gov

All reports are kept confidential and may be reported to other agencies.



DES Contact Number

For any changes in member enrollment (i.e., name changes, demographic changes) contact:

DES Communications Center

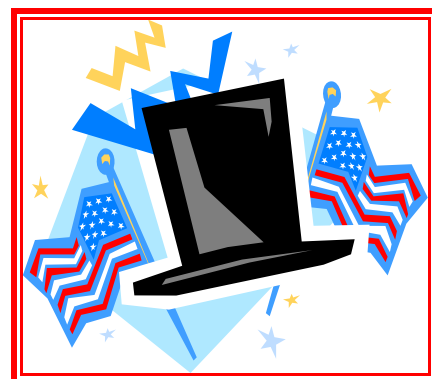
Maricopa County: (602) 542-9935
Statewide: (800) 352-8401

2009 ADHS/DBHS Holiday Schedule

The ADHS/DBHS office will be closed on the following days this year.

- ★ Monday, February 16
- ★ Monday, May 25
- ★ Friday, July 3
- ★ Monday, September 7
- ★ Monday, October 12
- ★ Wednesday, November 11
- ★ Thursday, November 26
- ★ Friday, December 25

The ADHS/DBHS office will be closed Monday, February 16.



Presidents' Day